



1475 Kendale Boulevard, PO Box 2560  
East Lansing, MI 48826-2560  
800.292.4910

## Current Bargained Benefits

### Group Benefit Program Statement

**Cass City Public Schools**  
**4868 N Seeger**  
**Cass City, MI 48726-9401**

Group: **Teachers**  
County: **Tuscola**  
Employer ID: **423**

Benefit Program As Of Date: **01/01/2020**  
Contact: **Allison Zimba, Billing Contact**

Job	FT/PT	Eligibility Rule ID	Job	FT/PT	Eligibility Rule ID	
Teacher - 100000		FT/PT 423A				
PAK A	Plan	Brief Description	Rate	MESSA Codes		
Medical	MESSA Choices	In-Network		5L		
		Deductible: \$500 Single/\$1000 Family				
		Blue Cross Online Visit Copay: \$20				
		Office Visit Copay: \$20				
		Specialist Visit Copay: \$20				
		Urgent Care Copay: \$25				
		Emergency Room Copay: \$50				
		Medical OOP Max Including IN Ded: \$1500 Single/\$3000 Family				
		Rx OOP Max: \$1000 Single/\$2000 Family				
		Total OOP Max: \$2500 Single/\$5000 Family				
Out-of-Network		Deductible: \$1000 Single/\$2000 Family				
		Coinsurance: 20% of approved amount after deductible				
		Total OOP Max: \$3000 Single/\$6000 Family				
		Prescription Coverage: \$10.00/\$20.00				
		Single:	760.08	24V8		
		2-Person:	1,710.16	24V9		
		Family:	2,128.20	24VA		
		Dental	Dent80/80/80/80/4000/3300:2 0470-0001	Class I: 80%		D2723
				Class II: 80%		
				Class III: 80%		
Class IV: 80%						
Annual Max Class I, II, III: \$3,300, Lifetime Max Class IV: \$4,000						
X-Rays paid under: Class II						
Adult Orthodontics: No	Single: 38.26			24VB		
Sealants: No	2-Person: 74.43			24VC		
Cleanings: 2 per year	Family: 156.15			24VD		
Vision	VSP 3 G			Plan year July to July	Single: 8.51	
			2-Person: 18.27		24VI	
			Family: 27.46		24VJ	
Negotiated LTD	Neg LTD 66 2/3% Max \$4,500	Replacement %: 66.67	24.57	LT5802	15VK	
		Maximum Benefit: \$4,500				
		Maximum Monthly Salary: \$6,750				
		Waiting Period: 90 Calendar Days Modified Fill				
		Alcohol/Drug: 2 Year Limitation				
		Mental/Nervous: Same as any other illness				
		Social Security Offset: Family				
		Own Occupation: 2 years Minimum Benefit: 5%				
		Survivor Income Benefit: 0 months				
		Pre-Existing Conditions: Waived				
Freeze on Offsets: Yes COLA: No						
Educational Supplemental Program: No						
PAK Life	\$45,000 PAK Life		6.75	P0450C	15VL	
PAK AD&D	\$45,000 PAK AD&D		1.35	K0450C	15VJ	
Basic Term Life	Basic Term Life w/Med \$5,000		1.50	BTLM01	001Z	

**COBRA RATES:**

The COBRA rates for this group are the same as the rates above.



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## Current Bargained Benefits

### Group Benefit Program Statement

PAK B	Plan	Brief Description	Rate	MESSA Codes
<b>Dental</b>	Dent80/80/80/80:4000/3300:2 0470-0002	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$3,300, Lifetime Max Class IV: \$4,000 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 31.71 2-Person: 61.92 Family: 133.72	D2723A  24VE 24VF 24VG
<b>Vision</b>	VSP 3 G	Plan year July to July	Single: 8.51 2-Person: 18.27 Family: 27.46	V3GA 24VK 24VL 24VM
<b>Negotiated LTD</b>	Neg LTD 66 2/3% Max \$4,500	Replacement %: 66.67 Maximum Benefit: \$4,500 Maximum Monthly Salary: \$6,750 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: 2 Year Limitation Mental/Nervous: Same as any other illness Social Security Offset: Family Own Occupation: 2 years Minimum Benefit: 5% Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: Yes COLA: No Educational Supplemental Program: No	24.57	LT580B 15VR
<b>PAK Life</b>	\$45,000 PAK Life		6.75	P0450D 15VS
<b>PAK AD&amp;D</b>	\$45,000 PAK AD&D		1.35	K0450D 15VP
<b>PAK Dependent Life</b>	\$2,000/1,000 PAK Dep Life		0.46	PDL001 15VQ

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## Current Bargained Benefits

### Group Benefit Program Statement

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## Current Bargained Benefits

### Group Benefit Program Statement

PAK D	Plan	Brief Description	Rate	MESSA Codes
<b>Medical</b>	MESSA ABC Plan 2	<p>In-Network</p> <p>Deductible: \$2000 Single Cov; \$4000 2-Person &amp; Family Cov</p> <p>Blue Cross Online Visit Copay: N/A</p> <p>Office Visit Copay: N/A</p> <p>Specialist Visit Copay: N/A</p> <p>Urgent Care Copay: N/A</p> <p>Emergency Room Copay: N/A</p> <p>Coinsurance: 20% of approved amount after deductible</p> <p>Medical OOP Max Including IN Ded:</p> <p>\$5000 Single Cov; \$6900 2-Person &amp; Family Cov</p> <p>Total OOP Max: \$5000 Single Cov; \$6900 2-Person &amp; Family Cov</p> <p>Out-of-Network</p> <p>Deductible: \$4000 Single Cov; \$8000 2-Person &amp; Family Cov</p> <p>Coinsurance: 40% of approved amount after deductible</p> <p>Total OOP Max: \$10000 Single Cov; \$20000 2-Person &amp; Family Cov</p> <p>Prescription Coverage: 3-Tier Rx with Mandatory Mail</p> <p>Health Savings Account with Health Equity</p>	<p>Single: 512.35</p> <p>2-Person: 1,152.77</p> <p>Family: 1,434.57</p>	<p>CJ</p> <p>3KD3</p> <p>3KD4</p> <p>3KD5</p>
<b>Dental</b>	Dent80/80/80/80:4000/3300:2 0470-0001	<p>Class I: 80%</p> <p>Class II: 80%</p> <p>Class III: 80%</p> <p>Class IV: 80%</p> <p>Annual Max Class I, II, III: \$3,300, Lifetime Max Class IV: \$4,000</p> <p>X-Rays paid under: Class II</p> <p>Adult Orthodontics: No</p> <p>Sealants: No</p> <p>Cleanings: 2 per year</p>	<p>Single: 38.26</p> <p>2-Person: 74.43</p> <p>Family: 156.15</p>	<p>D2723C</p> <p>3KD6</p> <p>3KD7</p> <p>3KD8</p>
<b>Vision</b>	VSP 3 G	Plan year July to July	<p>Single: 8.51</p> <p>2-Person: 18.27</p> <p>Family: 27.46</p>	<p>V3G1</p> <p>3KD9</p> <p>3KDA</p> <p>3KDB</p>
<b>Negotiated LTD</b>	Neg LTD 66 2/3% Max \$4,500	<p>Replacement %: 66.67</p> <p>Maximum Benefit: \$4,500</p> <p>Maximum Monthly Salary: \$6,750</p> <p>Waiting Period: 90 Calendar Days Modified Fill</p> <p>Alcohol/Drug: 2 Year Limitation</p> <p>Mental/Nervous: Same as any other illness</p> <p>Social Security Offset: Family</p> <p>Own Occupation: 2 years Minimum Benefit: 5%</p> <p>Survivor Income Benefit: 0 months</p> <p>Pre-Existing Conditions: Waived</p> <p>Freeze on Offsets: Yes COLA: No</p> <p>Educational Supplemental Program: No</p>	24.57	LT580C 3KDE
<b>PAK Life</b>	\$45,000 PAK Life		6.75	P04501 3KDC
<b>PAK AD&amp;D</b>	\$45,000 PAK AD&D		1.35	K04501 3KDD
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000		1.50	BTLM03 001Z

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## Current Bargained Benefits Group Benefit Program Statement

**Cass City Public Schools**  
**4868 N Seeger**  
**Cass City, MI 48726-9401**

Group: **Admin & Admin Support**  
County: **Tuscola**  
Employer ID: **423**

Benefit Program As Of Date: **01/01/2020**  
Contact: **Allison Zimba, Billing Contact**

Job	FT/PT Eligibility Rule ID
Administrator - 110000	FT/PT 423C
Principal - 110004	FT/PT 423C

Job	FT/PT Eligibility Rule ID
Administrative Secretary - 110001	FT/PT 423C

	Plan	Brief Description	Rate	MESSA Codes
<b>Dental</b>	Dent80/80/80/80:3500/2500:2 0470-0015	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$2,500, Lifetime Max Class IV: \$3,500 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 40.81 2-Person: 77.99 Family: 157.38	D0592C        3BMZ 3BN0 3BN1
<b>Vision</b>	VSP 2 S	Plan year July to July	Single: 6.36 2-Person: 13.63 Family: 20.54	V2SE 3BN2 3BN3 3BN4
<b>Negotiated LTD</b>	Neg LTD 66 2/3% Max \$6,500	Replacement %: 66.67 Maximum Benefit: \$6,500 Maximum Monthly Salary: \$9,750 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: 2 Year Limitation Mental/Nervous: 2 Year Limitation Social Security Offset: Family Own Occupation: 2 years Minimum Benefit: 5% Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: No COLA: No Educational Supplemental Program: No	Rate per 100: 0.72	LT800C 3BN6
<b>Negotiated Life</b>	\$45,000 Negotiated Life		Rate per 1000: 0.15	N04501 3BN5
<b>Negotiated AD&amp;D</b>	\$45,000 Negotiated AD&D		Rate per 1000: 0.03	A04501 10OR

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**Cass City Public Schools**  
**4868 N Seeger**  
**Cass City, MI 48726-9401**

Group: **Superintendent**  
County: **Tuscola**  
Employer ID: **423**

Benefit Program As Of Date: **01/01/2020**  
Contact: **Allison Zimba, Billing Contact**

## Current Bargained Benefits

### Group Benefit Program Statement

Job	FT/PT Eligibility Rule ID	Job	FT/PT Eligibility Rule ID
Superintendent - 110005	FT/PT 423D		

  

	Plan	Brief Description	Rate	MESSA Codes
<b>Dental</b>	Dent80/80/80/80:3500/2500:2 0470-0016	Class I: 80% Class II: 80% Class III: 80% Class IV: 80% Annual Max Class I, II, III: \$2,500, Lifetime Max Class IV: \$3,500 X-Rays paid under: Class II Adult Orthodontics: No Sealants: No Cleanings: 2 per year	Single: 40.81 2-Person: 77.99 Family: 157.38	D0592       3BN7 3BN8 3BN9
<b>Vision</b>	VSP 2 S	Plan year July to July	Single: 6.36 2-Person: 13.63 Family: 20.54	V2SB 3BNA 3BNB 3BNC
<b>Negotiated LTD</b>	Neg LTD 66 2/3% Max \$6,500	Replacement %: 66.67 Maximum Benefit: \$6,500 Maximum Monthly Salary: \$9,750 Waiting Period: 90 Calendar Days Modified Fill Alcohol/Drug: 2 Year Limitation Mental/Nervous: 2 Year Limitation Social Security Offset: Family Own Occupation: 2 years Minimum Benefit: 5% Survivor Income Benefit: 0 months Pre-Existing Conditions: Waived Freeze on Offsets: No COLA: No Educational Supplemental Program: No	Rate per 100: 0.72	LT800 3BNE
<b>Negotiated Life</b>	\$100,000 Negotiated Life		Rate per 1000: 0.15	N10001 3BND
<b>Negotiated AD&amp;D</b>	\$100,000 Negotiated AD&D		Rate per 1000: 0.03	A10001 10OR

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## Current Bargained Benefits Group Benefit Program Statement

**Cass City Public Schools**  
**4868 N Seeger**  
**Cass City, MI 48726-9401**

Group: **Bus Drivers Cooks**  
County: **Tuscola**  
Employer ID: **423**

Benefit Program As Of Date: **01/01/2020**  
Contact: **Allison Zimba, Billing Contact**

Job	FT/PT Eligibility Rule ID
Service Cook/Food Prepare - 130002	FT/PT 423G
Bus Driver/Transportation - 210000	FT/PT 423G

Job	FT/PT Eligibility Rule ID
Food Service Worker - 130005	FT/PT 423G

	Plan	Brief Description	Rate	MESSA Codes
Vision	VSP 2 S	Plan year July to July	Single:	6.36
			2-Person:	13.63
			Family:	20.54

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## Current Bargained Benefits Group Benefit Program Statement

**Cass City Public Schools**  
**4868 N Seeger**  
**Cass City, MI 48726-9401**

Group: **Salaried Secretaries**  
County: **Tuscola**  
Employer ID: **423**

Benefit Program As Of Date: **01/01/2020**  
Contact: **Allison Zimba, Billing Contact**

Job	FT/PT Eligibility Rule ID
Secretary - 190022	FT/PT 423K
Central Office Bookkeep - 190048	FT/PT 423K

Job	FT/PT Eligibility Rule ID
SuperintendentSecretary - 190026	FT/PT 423K

	Plan	Brief Description	Rate	MESSA Codes	
Vision	VSP 2 S	Plan year July to July	Single:	6.36	V2SL 24W2
			2-Person:	13.63	24W3
			Family:	20.54	24W4

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## Current Bargained Benefits Group Benefit Program Statement

**Cass City Public Schools**  
**4868 N Seeger**  
**Cass City, MI 48726-9401**

Group: **Paraprofessional**  
County: **Tuscola**  
Employer ID: **423**

Benefit Program As Of Date: **01/01/2020**  
Contact: **Allison Zimba, Billing Contact**

Job	FT/PT Eligibility Rule ID
Paraprofessional - 200013	FT/PT 423L

Job	FT/PT Eligibility Rule ID
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	Plan	Brief Description	Rate	MESSA Codes	
Vision	VSP 2 S	Plan year July to July	Single:	6.36	V2SH 3198
			2-Person:	13.63	3199
			Family:	20.54	319A

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**Cass City Public Schools**  
**4868 N Seeger**  
**Cass City, MI 48726-9401**

Group: **ACA Eligible Employees**  
County: **Tuscola**  
Employer ID: **423**

Benefit Program As Of Date: **01/01/2020**  
Contact: **Allison Zimba, Billing Contact**

## Current Bargained Benefits

### Group Benefit Program Statement

Job	FT/PT Eligibility Rule ID	Job	FT/PT Eligibility Rule ID
All Employees - 260005	FT/PT 423M		
Plan	Brief Description	Rate	MESSA Codes
<b>Medical</b>	MESSA Choices		7FB
	In-Network		
	Deductible: \$500 Single/\$1000 Family		
	Blue Cross Online Visit Copay: \$20		
	Office Visit Copay: \$20		
	Specialist Visit Copay: \$20		
	Urgent Care Copay: \$25		
	Emergency Room Copay: \$50		
	Medical OOP Max Including IN Ded:		
	\$1500 Single/\$3000 Family		
	Rx OOP Max: \$1000 Single/\$2000 Family		
	Total OOP Max: \$2500 Single/\$5000 Family		
	Out-of-Network		
	Deductible: \$1000 Single/\$2000 Family		
	Coinsurance: 20% of approved amount after deductible		
	Total OOP Max: \$3000 Single/\$6000 Family		
	Prescription Coverage: MESSA Saver Rx		
		Single: 724.57	3192
		2-Person: 1,630.28	3193
		Family: 2,028.79	3194
<b>Medical</b>	MESSA ABC Plan 1		7VD
	In-Network		
	Deductible: \$1400 Single Cov; \$2800 2-Person & Family Cov		
	Blue Cross Online Visit Copay: N/A		
	Office Visit Copay: N/A		
	Specialist Visit Copay: N/A		
	Urgent Care Copay: N/A		
	Emergency Room Copay: N/A		
	Medical OOP Max Including IN Ded:		
	\$2400 Single Cov; \$4800 2-Person & Family Cov		
	Total OOP Max: \$2400 Single Cov; \$4800 2-Person & Family Cov		
	Out-of-Network		
	Deductible: \$2800 Single Cov; \$5600 2-Person & Family Cov		
	Coinsurance: 20% of approved amount after deductible		
	Total OOP Max: \$4800 Single Cov; \$9600 2-Person & Family Cov		
	Prescription Coverage: MESSA ABC Rx		
	Health Savings Account with Health Equity		
		Single: 646.89	3195
		2-Person: 1,455.50	3196
		Family: 1,811.29	3197
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000	1.50	BTLM07 001Z
<b>Basic Term Life</b>	Basic Term Life w/Med \$5,000	1.50	BTLM08 001Z

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